CONSENT TO DISCLOSURE OF STUDENT INFORMATION

Please note that this form grants access to parents and guardians to information about the student during his/her time with the program. It does not grant direct access to the student’s official academic record at NYU. Directions on how to access a student’s grades is online at http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/FERPA.html (Click “Clarification for Parents”). Directions on how to access a student’s billing information may be found in Summer Art Intensive Handbook.

In accordance with the Family Educational Rights and Privacy Act of 1974 (“FERPA”), I, (NAME OF STUDENT) ________________________________________, hereby grant permission to Summer Art Intensive staff and administrators at New York University to discuss and to share information concerning the following matters (check all that apply):

__ my academic progress in Summer Art Intensive
__ my personal behavior during Summer Art Intensive
__ my health during Summer Art Intensive

with the following persons:

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<th>Parent/Guardian Name</th>
<th>Relation to Student</th>
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This consent will be valid until revoked by me in writing.

Student Signature:  _________________________________________________________
(to electronically sign in Adobe, select Sign in above toolbar)

Student Name:  ___________________________________________________________

Student NYU E-mail: _______________________________________________________

Date:  _____________________________

This form must be completed by the student and the original mailed to Steinhardt Art Intensive.